

## ***Together We Can Increase Physical Activity Among Older Americans***

***Josefina G. Carbonell***

I am pleased to have the opportunity to write a guest editorial for the *Journal of Aging and Physical Activity* and share the reasons for my commitment to increasing physical activity among older adults with readers of the journal. As U.S. Department of Health and Human Services Assistant Secretary for Aging, one of my top five priorities is to help older people stay active and healthy. The Administration on Aging (AoA) is encouraging older Americans to improve their physical activity and nutrition as two key strategies for promoting health, preventing disease, and helping people age with dignity and independence.

### **National Consensus for Increasing Physical Activity Among Older Adults**

A national consensus has developed among major health and social-service organizations that physical activity makes a difference in one's life today and in how successfully one ages. This movement is part of a growing recognition that health promotion and disease prevention are key measures for helping Americans enjoy better and longer lives. Personal responsibility and lifestyle choices are now widely recognized as ways to significantly reduce Americans' risk for a number of chronic diseases and as a means to help improve these conditions.

For example, the U.S. Department of Health and Human Services (USDHHS) recently unveiled its *Steps to a HealthierUS* initiative. It is designed to help advance the *HealthierUS* presidential initiative that addresses fitness, nutrition, and disease prevention. The USDHHS initiative will include fostering health-promotion programs and community initiatives to motivate and support responsible health choices, health-care and insurance systems that put prevention first, state and federal policies that invest in prevention, and cooperation among policy makers and others to invest in disease prevention. AoA is participating as a full partner and is taking an active role in designing the *Steps to a HealthierUS* initiative. AoA participation as a steering-committee member will ensure that the initiative serves all populations and ages.

Public-private partnerships have also become a driving force in bringing organizations together to develop a national strategy for increasing physical activity among older adults. In 2001, a coalition of national organizations released the *National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older*,

a major planning document designed for this purpose. Since that time, more than 50 national organizations have expressed their commitment to working together by addressing the barriers to increased physical activity for this population as identified in the National Blueprint document. AoA announces in this issue of the journal that it will participate as a lead organization for the public-policy strategies for the *National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older*.

### **AoA Commitment to Increasing Physical Activity and Improving Nutrition**

AoA has taken two important steps that demonstrate its commitment to increasing physical activity among older Americans. First, we launched the *USA on the Move: Steps to Healthy Aging* initiative in June 2002 in conjunction with the announcement of the president's *HealthierUS* initiative. We are helping to ensure that older Americans know about the very simple things they can do to prevent illness, such as increasing physical activity, eating healthfully, and not smoking. We are committed to bringing *USA on the Move* to older Americans in every community, thereby making a lasting difference in their lives.

*USA on the Move* is cosponsored by AoA and the National Policy and Resource Center on Nutrition and Aging. It is a two-part project, Eating Better and Moving More, designed to increase physical activity and improve nutrition in older adults. Simple, modest increases in daily activities can improve overall health, prevent disease and disability, and reduce health-care costs for our nation.

An active, healthy lifestyle is a key component to successful aging. The Eating Better and Moving More program components are designed to help older adults along the full spectrum, including those who are frail, prolong their independence and improve their quality of life. Caregivers of family members, who often neglect their own physical, nutritional, and mental health, will also benefit from Eating Better and Moving More.

The Eating Better component of the program is designed to help older Americans make healthful eating choices. The Moving More component uses electronic step counters to monitor and increase physical activity in older adults. A *Guidebook for Community Programs* was published in September 2003. The guidebook shows how to plan, design, implement, and evaluate a community-based walking program for individuals and groups. It includes program materials and consumer materials. It addresses the relationship between eating and physical activity as part of a healthy lifestyle.

Second, AoA has joined with the Centers for Disease Control and Prevention (CDC) to fund nine community programs that promote increased physical activity among older Americans. We are working with CDC to support physical activity demonstration projects through the Aging States Project. The National Association of State Units on Aging and the Chronic Disease Directors (a nonprofit membership organization of state health-department chronic-disease programs) are jointly conducting this project with AoA and CDC funding. Its purpose is to identify opportunities for the public-health and aging-services network to collaborate in improving health-promotion and disease-prevention programs for older adults. In

2002–2003, AoA and CDC funded minigrant projects in 10 states as an outgrowth of this project.

### **AoA Focus on Physical Activity and Nutrition**

AoA has focused on the link between physical activity and nutrition because they are both essential and often complementary lifestyle components for preventing and ameliorating the leading chronic diseases among older Americans.

Physical inactivity and poor nutrition exact high costs to individuals and to the U.S. economy. The prevalence of chronic diseases that are influenced by lifestyle choices is especially high among older Americans. For example, in 2000, the prevalence of diagnosed diabetes among people age 65–74 was more than 13 times that of people less than 45 years of age (CDC, National Center for Health Statistics, & Division of Health Interview Statistics, 2003). The cost of chronic disease to society is enormous. Medicare and Medicaid programs spend \$84 billion annually on five major chronic conditions that could be prevented or significantly improved through increased physical activity and improved nutrition. These conditions are diabetes, heart disease, cancer, depression, and arthritis (USDHHS, 2002b).

Physical inactivity and poor diet are the major causes of America's overweight and obesity epidemic. Since 1990, the prevalence of obesity has increased 50%. Forty percent of older adults are overweight, and 18% are obese (USDHHS & Administration for Health Research and Quality, 2002). Obesity increases chronic-disease risk, decreases functionality and independence, and lowers quality of life (USDHHS, 2001).

Physical inactivity is highest among older age groups and increases with age. Nearly 48% of adults age 65–74 are inactive (USDHHS, 2002a). Physical inactivity rates grow progressively with age from 30.4% for those 18–24 years old to 61.3% for those 75 years and over. Older women are less active than older men, and African American older adults are less active than White older adults (Kamimoto, Easton, Maurice, Husten, & Macera, 1999).

Many older Americans have inadequate diets that can lead to devastating results. People age 65 and older have better quality diets than younger age groups based on the most recent Healthy Eating Index Scores developed by the U.S. Department of Agriculture. The Healthy Eating Index is composed of 10 components derived from the USDA Food Guide Pyramid and the Dietary Guidelines for Americans (Basiotis, Carlson, Gerrior, Juan, & Lino, 2002). Nonetheless, a majority of older adults reported diets that needed improvement according to data from the federal government's 1999–2000 National Health and Nutrition Examination Survey. Scores were lowest among adults age 65+ for servings of fruits and milk products. Consequences of inadequate calcium intake are noteworthy; up to two thirds of hip fractures are caused by inadequate calcium intake (Heaney, 1999).

There is also evidence that we can have a positive impact by taking measures to improve nutrition and increase physical activity as complementary intervention components. The Diabetes Prevention Program study provides an excellent example. It conclusively showed that people with prediabetes can prevent the development of Type 2 diabetes by making changes in their diet and increasing their level of physical activity (Diabetes Prevention Research Group, 2002).

## **Exemplary Physical Activity Programs for Older Americans**

Three physical activity programs for older Americans are highlighted as examples of programs that make a difference in their communities. The National Council on the Aging selected seven physical activity programs for older Americans as winners of their Best Practices in Health Promotion and Aging 2000 award programs. The following three programs were identified as part of a national survey of 628 high-quality community-based programs funded by the Robert Wood Johnson Foundation.

### **WHITE CRANE WELLNESS CENTER'S HEALTH AND WELLNESS OUTREACH INITIATIVE**

This Chicago-area-based wellness center brings culturally and linguistically appropriate services to high-risk, minority, immigrant, and refugee older adults in a highly diverse community. It provides health-promotion and disease-prevention programs for both active and frail older adults to empower them to take control of their health, including remaining active in their communities. It offers physical activities of choice, health screenings, healthy-eating workshops, flu vaccinations, mental-health education, referral, and follow-up among its services. It also sponsors an adult day program. The center serves as the coordinator for health-education programs for the Suburban Area Agency on Aging in Cook County. Fitness classes include weight training, Tai Chi, aerobics, and yoga. The center serves more than 6,000 older adults from 12 ethnic groups through the efforts of 13 staff members. They have developed an evaluation study including physical activity that is currently being conducted to evaluate program results. This program is noteworthy because of its broad approach to serving a highly diverse community with a variety of choices of physical activity classes that cover all four aspects of physical activity: strength, endurance, balance, and flexibility. The funding base for this program is diversified and includes state-government grants and foundation funding.

### **TAKE CHARGE OF YOUR HEALTH**

This 17-county project in Georgia aims to reduce medical costs and institutionalization at senior centers and other sites by encouraging older Americans to "Take Charge of Your Health." It offers fitness training, nutrition education, medication management, and accident-prevention education. Participants can choose from six or more physical activity sessions a day, three times a week. The project offers daily walking, Tai Chi, line dancing, resistance training, and low-impact aerobics. A formal evaluation study has shown marked improvements on several measures in the first year. In an independent analysis, the Medical College of Georgia showed that this wellness program improved participants' balance, strength, and flexibility. This program is being replicated in more than 20 states and has won a number of awards for its excellence and innovation. Major funding for the project comes from AoA through the Older Americans Act and from the Georgia Health Foundation.

### **A MATTER OF BALANCE**

Many older adults experience the fear of falling and respond by restricting their activities. The Partnership for Healthy Aging in Portland, ME, operates a compre-

hensive training program, *A Matter of Balance*, to combat this problem. A trained facilitator conducts 2-hr sessions twice weekly and addresses mutual problem solving, assertiveness training, and resistance training with Therabands®. Most participants are 75–85 years old. Begun in the Portland area, the program has spread to senior centers and other sites throughout the state. The Roybal Center for Enhancement of Late-Life Function at Boston University originally developed the program and the scale for monitoring outcomes for a randomized field trial it conducted that was funded by the National Institute on Aging. Data collected over 12 months showed that intervention participants increased their ability to manage fall risk and experienced fewer mobility and activity restrictions than did members of the control group. The Roybal Center has trained more than 100 facilitators in more than eight states. The Partnership for Healthy Aging is a collaborative enterprise established by MaineHealth, Maine Medical Center, Community Health Services, and the Southern Maine Agency on Aging. The Maine Bureau of Older Adult and Adult Services is one of the sources of funding support.

### **Together We Make a Difference**

To date, we have had limited success in convincing midlife and older adults in the United States to adopt more physically active lifestyles. Together we must find ways to overcome obstacles in our path. We all share a responsibility to help Americans more fully understand the vital ways that increased physical activity can benefit people of all ages. We also share a responsibility to actively convey the message that it is never too late to start being more physically active. We must find and more widely apply effective methods to move older Americans to take action.

Although most people might be aware that being physically active is beneficial, they might not realize how crucial it is to their health, quality of life, and independence. Most important, they might not consider that these benefits come with an activity that can be an enjoyable form of socializing and recreation. It behooves us to examine what we need to do differently to get older Americans moving.

We in the fields of health, fitness, and aging programs have an ambitious agenda of successfully convincing older Americans to become more physically active. At AoA, we believe in the power of collaboration. We are committed to working with the partners through the Blueprint Active Aging Partnership, government, research, and aging-services network organizations to bring evidence-based physical activity programs to older Americans. We look forward to working with colleagues on this venture now and in the future.

### **About AoA**

The Administration on Aging works with a nationwide network of organizations to make support services and resources available to older adults and their caregivers. These programs serve a highly ethnically and geographically diverse population of older adults, from the well to the frail in health. AoA-funded programs served 7 million people age 60+ in the year 2000 and served meals to approximately 3 million older people at nearly 6,600 senior centers across the country. These programs represent an outstanding opportunity to positively influence the health of large

numbers of older adults by increasing their physical activity levels and improving their nutrition.

For more information about AoA, please contact us by mail at U.S. Department of Health and Human Services, Administration on Aging, Washington, DC 20201; by phone at (202) 619-0724; or by e-mail at [aoainfo@aoa.gov](mailto:aoainfo@aoa.gov) or visit us on the Web at [www.aoa.gov](http://www.aoa.gov)

## References

- Basiotis, P.P., Carlson, A., Gerrior, S.A., Juan, W.Y., & Lino, M. (2002). *The healthy eating index: 1999–2000*. Alexandria, VA: U.S. Department of Agriculture.
- Centers for Disease Control and Prevention, National Center for Health Statistics, & Division of Health Interview Statistics. (2003). *2000 national health interview survey*. Retrieved May 2, 2003 from <http://www.cdc.gov/diabetes/statistics/prev/national/source.htm>.
- Diabetes Prevention Research Group. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*, **346**, 393–403.
- Heaney, R.P. (1999). Bone biology in health and disease. In M.E. Shils., J.A. Olson., M. Shike, & A.C. Ross (Eds.), *Modern nutrition in health and disease*. Philadelphia, PA: Williams & Wilkins.
- Kamimoto, L.A., Easton, A.N., Maurice, E., Husten, C.G., & Macera, C.A. (1999). Surveillance for five health risks among older adults: 1993–1997. Centers for Disease Control Surveillance Summaries. *MMWR* 48(SS08)89–130. Retrieved May 2, 2003, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss4808a5.htm>
- U.S. Department of Health and Human Services. (2001). *The Surgeon General's call to action to prevent and decrease overweight and obesity*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service, Office of the Surgeon General.
- U.S. Department of Health and Human Services. (2002a). *Leisure-time physical activity among adults: United States, 1997–1998*. U.S. Department of Health and Human Services. Hyattsville, MD: Centers for Disease Control and Prevention & National Center for Health Statistics.
- U.S. Department of Health and Human Services. (2002b). *Physical activity fundamental to preventing disease*. U.S. Department of Health and Human Services. Assistant Secretary for Planning and Evaluation. Retrieved May 2, 2003, from <http://www.aspe.hhs.gov/health/reports/physicalactivity>
- U.S. Department of Health and Human Services & Administration for Health Research and Quality. (2002). *Physical activity and older Americans*. Retrieved May 2, 2003, from <http://www.ahrq.gov/ppip/activity.htm>